



T. Gregory Peterson, Ph.D., J.D.

June 22, 2006

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VIA EXPRESS MAIL NO. EV445072241US  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

RE: Application No.: 10/814,526  
Applicant: Jain, et al.  
Filed: 03-31-2004  
Examiner: Smith, Richard A.  
Art Unit: 2859

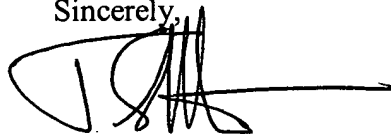
Dear Sir:

Please find enclosed herewith the following:

1. Request for Continued Examination;
2. Preliminary Amendment;
3. Fee Transmittal; and
4. Request for Extension of Time.

If you need any additional information, please do not hesitate to contact me.

Sincerely,



T. Gregory Peterson, Ph.D., J.D.

TGP/tgp  
Enclosures

Cc: Ashish K. Jain, M.D. (with enclosures)  
Gerald L. Miley (with enclosures)

June 22, 2006

Page 2

**CERTIFICATE OF MAILING**

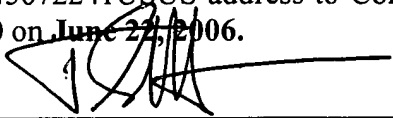
I hereby certify that the following items are enclosed:

- |    |                                    |           |       |
|----|------------------------------------|-----------|-------|
| 1. | Cover Letter (including this page) | <u>2</u>  | pages |
| 2. | Request for Continued Examination  | <u>1</u>  | page  |
| 3. | Preliminary Amendment              | <u>16</u> | pages |
| 4. | Fee Transmittal                    | <u>1</u>  | page  |
| 5. | Extension of Time Request          | <u>1</u>  | page  |

**Total 5 Documents      21 pages**

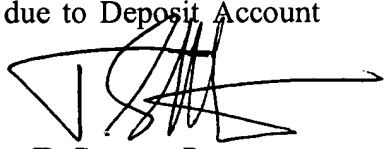
And are being deposited with the "Express Mail Post Office to Addressee" service of the United States Postal Service in an envelope marked EV445072241USUS address to Commissioner for Patents, PO Box 1450, Alexandria VA, 22313-1450 on ~~June 22, 2006~~.

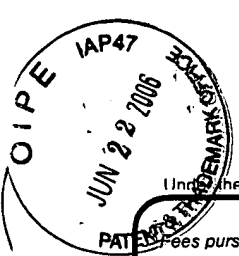
Date: 6-22-05

  
\_\_\_\_\_  
T. Gregory Peterson  
Registration No. 45,587

**AUTHORIZATION TO CHARGE**  
**DEPOSIT ACCOUNT**

The Commissioner is authorized to pay any charges, fees, or sums due in connection with this correspondence, I hereby authorize the Commissioner of Patents and Trademarks to charge all such remaining fees, charges, and other sums due to Deposit Account Number 50-0954.

  
\_\_\_\_\_  
T. Gregory Peterson  
Authorized User of Deposit Account 50-0954



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 455

**Complete if Known**

Application Number	10/814,526
Filing Date	03-31-2004
First Named Inventor	Jain, Ashish K.
Examiner Name	Smith, Richard A.
Art Unit	2859
Attorney Docket No.	P71465US00GP

**METHOD OF PAYMENT** (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 50-0954 Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100
360	180
Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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\_\_\_\_\_ - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = 0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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\_\_\_\_\_ - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = 0

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): RCE Fee (small entity, 395); 1 month ext. (small entity 60) \_\_\_\_\_ 455**SUBMITTED BY**

Signature

Registration No. 45,587  
(Attorney/Agent)

Telephone 205-521-8084

Name (Print/Type)

T. Gregory Peterson

Date 5-11-2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.